

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23	0					
24	1					
25	1					
26						
27						
28						
29						
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31						
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42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

14

TOTAL DEP.

2

TOTAL CLAIMS

21

TOTAL IND.

1

TOTAL DEP.

1

TOTAL CLAIMS

1